
State:	District of Columbia	Filing Company:	Aetna Life Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Mail Handlers April 1, 2020		
Project Name/Number:	/		

Filing at a Glance

Company:	Aetna Life Insurance Company
Product Name:	Mail Handlers April 1, 2020
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Rate
Date Submitted:	12/16/2019
SERFF Tr Num:	AETN-132191279
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	04/01/2020
Date Requested:	
Author(s):	Mark Bernstein
Reviewer(s):	Darniece Shirley (primary), John Morgan
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Mail Handlers April 1, 2020
Project Name/Number: /

Filing Company: Aetna Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: CT does not require rates
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 12/18/2019
State Status Changed: Deemer Date:
Created By: Mark Bernstein Submitted By: Mark Bernstein
Corresponding Filing Tracking Number: MH Single Case
Dental Rate Filing

Filing Description:

The purpose of this rate submission is to:

- Submit rates for an April 1st, 2020 effective date - See Attachment 1
- No change in rates for April 1st, 2020
- Support Mail Handlers group dental plan design
- Support forms to be submitted under AETN-132051839
- AL HGrpPol-Dental MO1201801 01 DC 0819
- AL HCOC-DentalPPO MO1201801 01 DC 0819
- AL HSOB-DentalPPO MO1201801 01 DC 0819

Company and Contact

Filing Contact Information

Mark Bernstein, BernsteinME@aetna.com
9 Entin Road 973-244-3860 [Phone]
Parsippany, NJ 07054

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-0123 ext. [Phone]	FEIN Number: 06-6033492	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	AETN-132191279	State Tracking #:	Company Tracking #:
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	Review and Approval
SERFF Tracking Number of Last Filing:	N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Aetna Life Insurance Company	0.000%	0.000%	\$0	1	\$15,800,000	0.000%	0.000%

SERFF Tracking #:	AETN-132191279	State Tracking #:	Company Tracking #:
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		MH Dental Rate Update Eff April 1, 2020		New		MH Dental Rate Update_Eff April 1, 2020.pdf,

Attachment 1
By Region

4/1/2020				
State	MHBP Standard Member (PEPM)			Rate
	Single	EE+1	Family	Code
AK	\$69.76	\$139.52	\$209.28	N
AL	\$39.08	\$78.16	\$117.24	A
AR	\$39.08	\$78.16	\$117.24	A
AZ	\$50.94	\$101.88	\$152.82	H
CA (900-904, 913-916, 940-941, 943-951)	\$61.71	\$123.42	\$185.13	M
CA rest of state	\$56.34	\$112.68	\$169.02	K
CO (800-806)	\$43.65	\$87.30	\$130.95	G
CO rest of state	\$39.29	\$78.58	\$117.87	C
CT	\$61.71	\$123.42	\$185.13	M
DC	\$51.64	\$103.28	\$154.92	I
DE	\$53.67	\$107.34	\$161.01	J
FL (330-334)	\$48.30	\$96.60	\$144.90	F
FL rest of state	\$42.96	\$85.92	\$128.88	B
GA (300-303)	\$53.67	\$107.34	\$161.01	J
GA rest of state	\$46.50	\$93.00	\$139.50	E
HI	\$53.67	\$107.34	\$161.01	J
IA	\$42.96	\$85.92	\$128.88	B
ID	\$48.30	\$96.60	\$144.90	F
IL (600-608)	\$48.30	\$96.60	\$144.90	F
IL rest of state	\$42.96	\$85.92	\$128.88	B
IN	\$39.08	\$78.16	\$117.24	A
KS	\$42.96	\$85.92	\$128.88	B
KY	\$45.45	\$90.90	\$136.35	D
LA	\$42.96	\$85.92	\$128.88	B
MA	\$53.67	\$107.34	\$161.01	J
MD	\$45.45	\$90.90	\$136.35	D
ME	\$46.50	\$93.00	\$139.50	E
MI (480-483)	\$53.67	\$107.34	\$161.01	J
MI rest of state	\$48.30	\$96.60	\$144.90	F
MN (550, 551, 553)	\$50.94	\$101.88	\$152.82	H
MN rest of state	\$42.96	\$85.92	\$128.88	B
MO	\$42.96	\$85.92	\$128.88	B
MS	\$42.96	\$85.92	\$128.88	B
MT	\$42.96	\$85.92	\$128.88	B
NC	\$42.96	\$85.92	\$128.88	B
ND	\$39.08	\$78.16	\$117.24	A
NE	\$42.96	\$85.92	\$128.88	B
NH	\$48.30	\$96.60	\$144.90	F
NJ	\$53.67	\$107.34	\$161.01	J
NM	\$42.96	\$85.92	\$128.88	B
NV	\$53.67	\$107.34	\$161.01	J
NY (100-104, 110-119)	\$61.71	\$123.42	\$185.13	M
NY rest of state	\$50.94	\$101.88	\$152.82	H
OH	\$45.45	\$90.90	\$136.35	D
OK	\$39.08	\$78.16	\$117.24	A
OR	\$50.94	\$101.88	\$152.82	H
PA	\$45.45	\$90.90	\$136.35	D
RI	\$50.94	\$101.88	\$152.82	H
SC	\$39.08	\$78.16	\$117.24	A
SD	\$42.96	\$85.92	\$128.88	B
TN	\$39.08	\$78.16	\$117.24	A
TX (750-753, 760-762, 773-775)	\$50.94	\$101.88	\$152.82	H
TX rest of state	\$45.45	\$90.90	\$136.35	D
UT	\$46.50	\$93.00	\$139.50	E
VA (220-223)	\$56.34	\$112.68	\$169.02	K
VA rest of state	\$42.96	\$85.92	\$128.88	B
VT	\$42.96	\$85.92	\$128.88	B
WA (980-985)	\$61.71	\$123.42	\$185.13	M

Attachment 1
By Region

4/1/2020				
<u>State</u>	MHBP Standard Member (PEPM)			Rate
	<u>Single</u>	<u>EE+1</u>	<u>Family</u>	<u>Code</u>
WA rest of state	\$56.34	\$112.68	\$169.02	K
WI	\$42.96	\$85.92	\$128.88	B
WV	\$42.96	\$85.92	\$128.88	B
WY	\$42.96	\$85.92	\$128.88	B

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Product Name:	Mail Handlers April 1, 2020		
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Supporting Document Schedules

Satisfied - Item:	Cover Letter
Comments:	See General Information Tab
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Being submitted by insurance company
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	MH_Act Memo_Rates Effective April 1, 2020.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	MH_Act Memo_Rates Effective April 1, 2020.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Rate Filing is for Commercial Dental Large Group
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Rate Filing is for Commercial Dental Large Group
Attachment(s):	
Item Status:	
Status Date:	

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TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Mail Handlers April 1, 2020		
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Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	MH_Act Memo_Rates Effective April 1, 2020.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Actuarial Memorandum Mail Handlers

1. Scope and Purpose of Filing

The purpose of this rate submission is to:

- Submit rates for an April 1st, 2020 effective date - See Attachment 1
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- Support Mail Handlers group dental plan design
- Support forms to be submitted under AETN-132051839
 - AL HGrpPol-Dental MO1201801 01 DC 0819
 - AL HCOC-DentalPPO MO1201801 01 DC 0819
 - AL HSOB-DentalPPO MO1201801 01 DC 0819

This product is offered to Federal employees only and is not intended to be used for any other purpose.

2. Description of Benefits

This is a dental product which features a schedule of escalating benefits that increases each of the first three years an enrollee is in the plan.

3. Renewability Provision

Rates are effective for a 12-month period and can be renewed at the option of the insurer.

4. Applicability

For future effective dates, rates will be adjusted for trend on a semiannual basis.

5. Marketing Method

The product is marketed and sold through company group representatives and brokers.

6. Underwriting Methodology

No individual underwriting will be required.

7. Issue Age Limits

Not applicable

8. Premium Basis

Monthly Premium Rates can be found in Attachment 1

Actuarial Memorandum Mail Handlers

9. Rate Change and Proposed Rate/Methodology Change

There are no proposed rating methodology or rate changes in this rate filing.

10. For Each Change, Indication if New or Modified

This is a new request for a premium rate update for this time period.

11. Comparison to Staus Quo with Each Change

Not applicable

12. Summary of Proposed Modifications vs Corresponding Current/Approved Rate/Methodology

There are no changes proposed in this rate filing.

13. Summary of Each Proposed New Rule

Not applicable

14. Overall Premium Impact on DC Policyholders

There are no changes to the current premium with this rate filing.

15. Filed Minimum Required Loss Ratio

Not applicable

16. Expenses

The anticipated loss ratio is 73.8%.

Expenses are developed using actual and projected expenses for the plan. Retention factors, as a percent of premium, are as follows:

General & Administrative Expense	9.7%
Taxes and Assessments	4.6%
Risk Charge & Contingency Margin (BFIT)	<u>11.8%</u>
Total	26.2%

Actuarial Memorandum Mail Handlers

17. Interest Rate Assumptions

Not applicable

18. Trend Assumptions

The annual trend factor is 5.0%.

19. Persistency

Not applicable

20. Proposed Effective Date

The proposed effective date is April 1, 2020.

Actuarial Memorandum Mail Handlers

Actuarial Certification

I, Barbara W. Weber, am an employee of Aetna Inc. and a Fellow of the Society of Actuaries. I certify that, to the best of my knowledge and judgment, the rates are neither inadequate nor excessive nor unfairly discriminatory, the rates are appropriate for the classes of risks for which they have been computed, and the entire rate filing is in compliance with the applicable laws of the District of Columbia and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8.



Barbara W. Weber, F.S.A., M.A.A.A.
Senior Actuary
Dental Actuarial

December 12, 2019

Date

Actuarial Memorandum Mail Handlers

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